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APPLICANTS Carl D. Wahlstrand, Lino Lakes, MN; Ruchika Singhal, Minneapolis, MN; Robert M. Skime, Coon Rapids, MN;				
** CONTINUING DATA ***** This appln claims benefit of 60/431,854 12/09/2002 and claims benefit of 60/471,262 05/16/2003 and claims benefit of 60/503,945 09/20/2003 and claims benefit of 60/503,946 09/20/2003 and claims benefit of 60/507,857 10/01/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>CB</u> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 23
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TITLE MODULAR IMPLANTABLE MEDICAL DEVICE				
FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	